

COCHISE COUNTY GRANT APPROVAL FORM

Form Initiator: JENNIFER STEIGER Department/Division: HEALTH/BT
Date Prepared: 12/23/11 Telephone: 520-432-9402
Grantor: ADHS Grant Title: Emergency Preparedness Program
Grant Term From: 8/31/11 To: 8/30/12
Fund No/Dept. No: 222 Note: Fund No. will be assigned by the Finance Department if new.
New Grant ☐ Yes ☒ No Amendment No. 1 Increase \$ 0 Decrease \$ 0

Briefly describe purpose of grant:

The BT Preparedness Program delivers the Public Health Emergency Preparedness Program to Cochise County.

If amendment, provide reason:

This amendment adjusts the scope of work under Section 3, Activities to reflect amended epidemiological planning deliverables.

If this is a mandated service, cite source. If not mandated, cite indications of local customer support for this service:

This IGA is administered to counties within Arizona by the ADHS on behalf of the CDC.

Funding Sources	Federal Funds 332.100	State Funds 336.100	County Funds 391.000	Other	Total
Current Fiscal Year		\$201,596.61			\$201,596.61
Remaining Years					
Total Revenue		\$201,596.61			\$201,596.61

Is County match required? ☐ Yes ☒ No If yes, dollar amount \$ _____

Has this amount been budgeted? ☒ Yes ☐ No Identify Funding Source: ADHS

Federal Catalog of Federal Domestic Assistance (CFDA) No: _____

Method of collecting grant funds: Lump sum payment ☐ Quarterly payments ☐ Draw ☐ Reimbursement ☒

Is revertment of unexpended funds required at end of grant period? ☒ Yes ☐ No

a) Total A-87 cost allocation \$ 160,453.88

b) Amount of overhead allowed by grant 0 County subsidy (a-b) \$ 73,350

Does Grantor accept indirect costs as an allowable expenditure? ☐ Yes ☒ No

If yes, dollar amount \$ _____ OR percentage allowed _____ %

Number of new positions that will be funded from grant: 0 Number of existing positions funded from grant: 7

Executive Summary Form

Executive Summary Form

Agenda Number: HLT--

Recommendation:

Approve Amendment #1 to IGA: ADHS12-007884, Bioterrorism Preparedness Grant, between the Arizona Department of Health Services and Cochise Health & Social Services, in amount of \$201,596.61, for the period of August 31, 2011 and ending August 30, 2012.

Background:

The Bioterrorism Preparedness Contract for the Cooperative Agreement (PHEP) Grant, beginning August 31, 2011 and ending August 30, 2016, was approved during the September 27, 2011 Board Meeting. A new Purchase Order was received on November 14, 2011. This amendment adjusts the scope of work under Section 3, Activities, of that contract, to reflect amended epidemiological planning deliverables. Amendment #1 mainly involves subtracting a planning deliverable for a sampling and shipping protocol revision and adding a requirement to submit a Public Health population registry algorithm and template.

Fiscal Impact & Funding Sources:

Amendment #1 involves no increase or decrease to BP 2011/2012 funding and does not impact County subsidy.

Next Steps/Action Items/Follow-up:

Your approval is respectfully requested.

Impact of Not Approving:

The Bioterrorism Preparedness Program would adhere to the previously sanctioned scope of work and not be able to accomplish the additional Public Health registry planning outlined in the amendment.



INTERGOVERNMENTAL AGREEMENT (IGA) AMENDMENT

ARIZONA DEPARTMENT OF
HEALTH SERVICES
1740 W. Adams, Room 303
Phoenix, Arizona 85007
(602) 542-1040
(602) 542-1741 Fax

Contract No: **ADHS12-007884**

Amendment No. 1

Procurement Specialist
Cindy Sullivan

Emergency Preparedness Program

It is mutually agreed that the Intergovernmental Agreement referenced is amended as follows:

- Attachment A, Section 3, Activities, Pages Eighteen (18) through Twenty (20), replace with Attachment A, Section 3, Activities, Pages Two (2) through Three (3), Amendment One (1).

All other provisions of this agreement remain unchanged.

Cochise County Health Department

Contractor Name

1415 West Melody Lane, Building A

Address

Bisbee AZ 85603

City State Zip

CONTRACTOR SIGNATURE

In accordance with A.R.S. 35-391.06 and A.R.S. 35-393.06, the Contractor hereby certifies that the Contractor does not have scrutinized business operations in Sudan or Iran.

Contractor Authorized Signature

Printed Name

Title

CONTRACTOR ATTORNEY SIGNATURE

Pursuant to A.R.S. § 11-952, the undersigned public agency attorney has determined that this Intergovernmental Agreement is in proper form and is within the powers and authority granted under the laws of the State of Arizona

Signature

Date

Printed Name

Attorney General Contract No. PIGA2011000344, which is an Agreement between public agencies, has been reviewed pursuant to A.R.S. § 11-952 by the undersigned Assistant Attorney General, who has determined that it is in proper form and is within the powers and authority granted under the laws of the State of Arizona

Signature

Date

Assistant Attorney General

Printed Name: Ronald E. Johnson

This Intergovernmental Agreement Amendment shall be effective the date indicated. The Public Agency is hereby cautioned not to commence any billable work or provide any material, service or construction under this IGA until the IGA has been executed by an authorized ADHS signatory.


State of Arizona

Signed this _____ day of _____, 2011

Procurement Officer

RESERVED FOR USE BY THE SECRETARY OF STATE

Under House Bill 2011, A.R.S. § 11-952 was amended to remove the requirement that Intergovernmental Agreements be filed with the Secretary of State.

	INTERGOVERNMENTAL AGREEMENT (IGA) AMENDMENT Attachment A		ARIZONA DEPARTMENT OF HEALTH SERVICES 1740 W. Adams, Room 303 Phoenix, Arizona 85007 (602) 542-1040 (602) 542-1741 Fax
	Contract No: ADHS12-007884	Amendment No. 1	Procurement Specialist Cindy Sullivan

3. ACTIVITIES

Report on the following activities in the semi-annual and annual progress reports.

3.1 Tiers I, II & III Partners

- 3.1.1 Domain Specific Reporting:** During each quarter, sub-recipients shall be required to focus on the resource elements that are designated as "priority" items by the CDC. ADHS staff will produce a document before the start of each quarter that summarizes the priority resource elements for the quarter. Sub-recipients shall be required to review plans according to these priority resource elements or demonstrate that current plans are already sufficient. In many cases, local jurisdictions shall have already met the planning requirements. In some cases, additional plans or plan components shall be required.

Planning, training, and exercise activities for each quarter shall be limited to the specified domain and capabilities. It is understood that scheduling conflicts may require topics to be addressed outside of their assigned quarter, but sub-recipients shall make every effort to schedule activities according to the domain schedule where possible.

- 3.1.2 Pandemic Influenza Response Plans:** Update and submit the pandemic influenza response plans, based on improvements identified in the 2009 H1N1 response by October 14, 2012.
- 3.1.3 SNS Program:** Partners are required to attend a regional inventory system training delivered by ADHS before the midpoint of the grant cycle.


An annual site assessment of primary and secondary RSS Warehouse locations shall be conducted and documentation submitted to ADHS SNS Program Coordinator by August 9, 2012.

- 3.1.4 Corrective Actions:** Ensure after action reports (AAR) and improvement plans (IP) are generated for any public health emergency exercise or real world event in which the public health entity participates and has a role. After action reports and improvement plans shall not need to be developed for the DSNS drills, if they are conducted as stand-alone drills.

Track and manage corrective actions identified in responses and exercises. Provide a description of the methodology used to track and manage the corrective actions

Epidemiology

- 3.1.5 MEDSIS:** County Partners shall designate and maintain a MEDSIS liaison, recruit and train additional external facilities on MEDSIS, and work with tribal health departments that are implementing MEDSIS. Tribal Partners shall work with ADHS to determine how or if they can utilize MEDSIS. The MEDSIS liaison is responsible for requesting/approving new users and informing ADHS when users should be removed.
- 3.1.6 CIFOR Evaluation:** (County Only) County Partners shall have at least one (1) staff member participate in the CIFOR food borne disease toolkit evaluation.
- 3.1.7 On-Call Testing:** (County Only) Participate in semi-annual State testing of the communicable disease on-call system using local and ADHS developed protocols, and provide a description of additional steps that would be taken by their department to investigate the disease.

	INTERGOVERNMENTAL AGREEMENT (IGA) AMENDMENT Attachment A		ARIZONA DEPARTMENT OF HEALTH SERVICES 1740 W. Adams, Room 303 Phoenix, Arizona 85007 (602) 542-1040 (602) 542-1741 Fax
	Contract No: ADHS12-007884	Amendment No. 1	Procurement Specialist Cindy Sullivan

3.2 Tiers I & II Partners

Epidemiology

- 3.2.1 Communicable Disease Reporting: (County Only) Percent of infectious disease reports entered into MEDSIS by county health department staff within three business days of receiving report. Goal: Fifty percent or more
- 3.2.2 Communicable Disease Reporting: (County Only) Indicate the number of reports received, investigations conducted, specimens collected, responses with epidemiologist involvement for and average time from initiation of investigation to recommendation of interventions in suspected outbreaks; suspect cases of select agents, measles, meningococcal disease, shiga toxin-producing *E. coli*, and hepatitis A; and non-communicable disease incidents.
- 3.2.3 Registry Planning: Develop a plan for initiating a registry, including plans for exchanging information between health care facilities and a registry, during an emergency that involves within jurisdiction mass evacuation.
- 3.2.4 County / Tribal Coordination: Meet with coordinating partners semi-annually and list dates and agencies involved for working with a) tribal entities or Indian Health Services, and b) other agencies or health department divisions, on communicable disease surveillance or investigations.
- 3.2.5 Assessment: (County Only) Conduct an assessment of communicable disease communications to health care providers

3.3 Tier I Partners

Epidemiology

- 3.3.1 Communicable Disease Reporting Validation: (County Only) Validate communicable disease reporting for hospital inpatient and emergency department visits and for mortality surveillance, follow up with non-reporters identified, and develop education plan to address any potentially countywide reporting gaps identified.
- 3.3.2 Exercise/Real World Event: Conduct or participate in an exercise or real world event, involving activation of a registry during a mass evacuation.
- 3.3.3 Planning: (County Only) Develop a written protocol on the use of mortality data for the surveillance of major causes of morbidity and mortality due to reportable conditions.
- 3.3.4 Gap Assessment: (County Only): Develop a plan to address any gaps found in the assessment of communicable disease communications to health care providers conducted during BP10X.